

Quality Accounts



SPRINGHILL
HOSPICE

Making every moment count



2021 - 2022



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PART 1: INTRODUCTION

STATEMENT FROM OUR CHIEF EXECUTIVE

I am delighted to present this Quality Account for Springhill Hospice.

The last two years have been the most extraordinary in the charity's history. As an organisation, we continually strive to offer the best possible service to our patients and their loved ones at all times ensuring a high quality and individualised approach. It is an absolute testament to staff and volunteers that all services continued to run throughout the pandemic. Some had to change format and be delivered virtually, countless and constantly changing restrictions were imposed and yet quality patient care remained paramount.

What is even more astonishing is that during this period the organisation did not just focus on high quality care but actually managed to develop services further.

This Quality Account is intended to demonstrate to all who read it, that our Hospice provides a high quality service, where patients and their loved ones will receive the very best standards of care possible.

I confirm that to the best of my knowledge, the information contained within this Quality Account is a true and accurate reflection of quality at Springhill Hospice.

I would like to thank every member of staff, volunteer, trustee and supporter of the hospice for their time and dedication to Springhill.

A handwritten signature in black ink that reads "Sam Wells". The signature is written in a cursive, flowing style with a large initial 'S'.

Sam Wells

Chief Executive



 Springhill Hospice
Preston
SARAH-JANE WELLS
CHAIR OF RELIGION

STATEMENT FROM OUR CHAIRMAN OF BOARD OF TRUSTEES

Quality has always been at the heart of Springhill and that remains the highest priority for the Board of Trustees, staff and volunteers who are so dedicated to the Hospice.

Through a well organised Governance structure, we continue to monitor and review our practices to ensure that staff keep up-to-date and maintain their professional standards.

During the pandemic I was immensely proud of trustees, staff and volunteers who went above and beyond to maintain the highest possible standards of patient care in the most difficult circumstances. Fundraising has been a struggle throughout the pandemic with retail premises closed and events cancelled. We are so grateful to Hospice UK, NHSE, our local CCG and of course our incredible community who have enabled our work to continue.

I would also like to recognise the outstanding contribution of our volunteers, without whom the hospice could not run.

As you read our Quality Account, I hope like me, you will appreciate the care that is taken to provide quality services to our patients and their loved ones.

A handwritten signature in black ink that reads "Lesley Mort". The signature is written in a cursive, flowing style.

Lesley Mort

Chair of Board of Trustees



ABOUT US

Springhill Hospice provides specialist palliative care services to adults with life-limiting illnesses and emotional and psychological support for their loved ones. Hospice services include a 16-bed Inpatient Unit (this was reduced to 12 beds during the pandemic to maintain the safety of our patients), where patients are admitted for symptom management and end-of-life care; Day Therapies where patients can access psychological, complementary and creative therapies, Counselling and Bereavement services and a 24 hour specialist palliative care advice line for patients, families and healthcare professionals.

We also offer Specialist Palliative Care and End-of-Life Community Services consisting of a Clinical Specialist led Medical service, Specialist Nursing service, Hospice at Home service for patients at the end of life, a Night Sitting Service, Physiotherapy, Social Work, Counselling and Spiritual Support. In addition, our Education Unit offers free palliative and end of life training for any health and social care staff in HMR.

Springhill Hospice serves the population of Rochdale, Heywood and Middleton (HMR), a total population of approximately 230,000 people. In addition people who live outside the borough but have an HMR GP. There are also agreements with other local NHS Clinical Commissioning Groups (CCGs) for people who live in some neighbouring boroughs, to access our services.

OUR COMMITMENTS

As a specialist palliative care unit, Springhill Hospice:

1. We provide the highest standard of physical, psychological, emotional and spiritual care for patients with life limiting illnesses and their loved ones.
2. We offer support, advice and care for patients from the first contact to the end of their lives, according to their wishes.
3. We offer continuing support and care to bereaved loved ones.
4. We encourage patients to make informed choices and maintain independence and control, whilst respecting privacy and dignity.
5. We personalise our care for individual needs and preferences respecting all cultural and personal beliefs.
6. We strive to educate and empower all those involved in delivering palliative and end of life care.
7. We communicate sensitively and honestly at all times.
8. We continuously listen, review and improve our services to meet the evolving needs of our community.



Rochdale

Littleborough
& Pennine

Heywood

Middleton

Our Vision

Every adult in HMR with a life limiting condition is supported to live and die well, according to their wishes.

Our Mission

Making Every Moment Count:

Working collaboratively to provide the highest standards of physical, psychological and spiritual care to our patients and those who love them.

Our Values

We **welcome** everyone from our culturally diverse community

We take **care** of our patients, their loved ones and one another

We **support** our patients to find joy wherever possible

We **encourage** positivity

We treat everyone with dignity and **respect**

We are creative and **strive** to reach our potential



Springhill Hospice
Berkshire
PAULA McNALLY
NURSING ASSISTANT

Springhill Hospice
Berkshire
NIKITA BIRCHALL
NURSING ASSOCIATE

PART 2: PRIORITIES FOR IMPROVEMENT

Springhill Hospice is fully compliant with the Care Quality Commission Fundamental Standards and with the Health and Social Care Act, 2008. As such, the Board did not have any areas of shortfall to include in its priorities for improvement for 2022-23.

PROGRESS ON PRIORITIES FOR IMPROVEMENT 2021/22

Progress Priority 1: Adapt Quickly to Change

We have continued to adapt to an ever-changing healthcare environment, moving quickly to manage challenges whilst taking advantage of opportunities. The Covid-19 pandemic obviously meant we had to adapt our services overnight. We complied with all guidance and guidelines often imposing and altering restrictions overnight. Our staff provided daily data to inform national activity planning and we supported colleagues in the NHS to facilitate rapid discharges from hospital. We found new ways of delivering Day Therapies and Counselling and Bereavement Support using new technologies. We trained a number of staff to be Mental Health First Aiders in order to support colleagues. We continued to train health and social care staff in HMR in palliative and end of life care, again using new communication platforms. Our staff continued their own training and development using virtual platforms. We worked alongside our neighbouring Hospices across Greater Manchester, as part of the Greater Manchester Hospices Group, supporting and learning from one another. We introduced Nursing Associate training on the In-Patient Unit. We purchased new equipment to facilitate staff working from home. In Fundraising, we developed online fundraising activity and developed new ways to support the Hospice. We were successful in securing funding to pilot 7-day admissions meaning we can now admit patients every day.

Priority 2: Increase Income Generation

The Hospice faced a potential financial crisis when the pandemic hit as so many sources of income simply disappeared overnight. However, we quickly adapted and continued to deliver income through new and innovative ways of fundraising. We launched a Nursing Resilience Appeal which generated over £90,000. Our Finance Department learned quickly to apply for grants from Hospice UK and the Local Authority. We continued to apply for grant funding and were successful in securing £100,000 from Barclays to begin a two-year pilot to improve palliative and end of life care for people with dementia. We worked with colleagues across GM Hospices to develop a new legacy campaign. We embraced our ecommerce activities selling goods online and with partners such as Vintage Cash Cow. We launched new initiatives such as a Christmas Tree Collection and held events including Light Up A Life online. We were thrilled when the Makin Family decided to launch the Makin Memories Foundation to support any patients with children under the age of 18 with memory boxes, bears, books and other keepsakes. We found new ways to stay in touch and thank our amazing and committed supporters.

Priority 3: Improve the Quality of our Facilities

We wanted to ensure our Hospice premises are fit for purpose and improve the quality of our facilities to ensure the best environment for patients and their loved ones. The pandemic meant that budgets had to be reassessed and only essential work was carried out. However, we managed to install new CCTV with the support of a local firm who did this at cost due to their charitable commitment. We were supported by a major manufacturer who donated new and much needed laundry equipment. We ensured all fire and health and safety regulations were adhered to and all our buildings were as safe as possible. We partnered with Hopwood Hall College (via their construction and work experience programme) to provide a rolling programme of improvements at our retail premises.

Through an agreement with Bloomcare, we moved our Education Unit to Carders Court, giving us better facilities and enabling us to train more health and social care staff in HMR.

Due to the extraordinary commitment of our gardeners and volunteers, we once again won awards as part of Britain in Bloom with a special award for the Best Hospice Grounds in the North West.

Priority 4: Influence Others

We wanted to influence other organisations and our diverse community through education and the sharing of our experience and expertise in palliative and end of life care. Through our membership of the Greater Manchester Hospice Group we have managed to influence local, regional and national policy and practice and provide invaluable data to inform the healthcare system. Our award winning passport training continued; more than 50 people graduated meaning health and social care staff across HMR are trained to support people at the end of life whatever the setting. We have continued to deliver palliative care elements of GP training and supported North West Ambulance Service staff with training in end of life care. We have continued to raise awareness of the hospice throughout the community. We have shared stories of patient and loved one's experiences via our social media platforms.



Priority 5: Respond to the Increased Use of Technology

Initially, we wanted to ensure we took advantage of evolving technologies in order to provide the best service for patients and explore new avenues of reaching more supporters. Crucially, the pandemic meant this was accelerated. We recognised that staff were struggling to work efficiently due to old and outdated hardware and embarked on a major IT upgrade of our equipment. We moved systems onto the Cloud to ensure staff could work remotely and update patient activity swiftly. We implemented electronic prescribing on the In-Patient Unit. We provided Skyguard personal safety devices for all lone workers or workers at risk. We promoted the use of assistive technologies on the ward to minimise the risk of patient falls. We introduced technology to implement virtual patient consultations and ensured virtual visiting for patients. We used Electronic Palliative Care Coordination Systems (EPaCCS) for shared electronic patient records. We formed a digital transformation group and rolling programme of upgrade for hardware and software. We continued the development of a new website to be launched in May 2022. We introduced virtual reality experiences for Day Therapy patients and hope to roll this out to patients on the ward.



FUTURE PRIORITY FOR IMPROVEMENTS 2022/23

The Board and Executive Management Team have worked to develop a new Five Year Strategy from 2022/27 and identified several key priorities for 2022/23.

Future Planning Priority 1: Recruit and retain the best staff by being the best employer we can be

We are in the process of creating a new Executive Management Team to ensure the Five Year Strategy is delivered. This team will work closely with the Operational Management Team to ensure we have the time and expertise to drive forward organisational priorities. We have begun a large piece of work to review our salary scales to ensure they are fair, competitive and encourage ongoing staff development. We will amend our appraisal process so everyone knows what is expected of them and how they can be supported to reach their potential. We will continue to engage with staff on issues around mental health, staff wellbeing and focus on morale. We will ensure staff are given the training, support and tools to do their job effectively. We will launch a two-year pilot project in October 2022 to focus on quality and development and give staff a range of opportunities to feedback and suggest improvements so that we can continually learn and improve our services.

Future Planning Priority 2: Improve efficiency by embracing and investing in digital transformation so we can help more people

Following a competitive tender process we have appointed a new IT provider who will work with us to advise on long term digital transformation. We have purchased a new server and will continue the rolling upgrade of hardware and software to enable our staff to be as efficient as possible. We will launch working groups to project manage the coordination of programmes (e.g. StaffCare informing Payroll) and ensure staff are appropriately trained. We will improve remote access to software to ensure staff can work flexibly. We will continue to engage with staff via the Digital Transformation Group to ensure continued quality development. We will look to bring all areas of the Hospice including fundraising and retail under one system to ensure improved communication.

Future Planning Priority 3: Raise our profile and challenge the perception of hospices so our community know we are here for them

We will launch our new website with a 'what we do' section including animated video explaining our services. We will create new marketing materials with the introduction a leaflet translated into the main languages spoken in HMR. We will use our retail arm, website and social media to promote our messaging and highlight the diversity of our services. We will collect and analyse data on our patients and identify groups less likely to use our services. We will then engage with different community groups to discover their perception of the hospice and make strides to challenge any myths about hospice care. We will continually learn from feedback from patients, loved ones and our community.

Future Planning Priority 4: Develop our financial sustainability so we have more control over our future

We will focus on long term financial planning and invest in our fundraising and retail teams to develop a skilled workforce equipped to achieve targets. We will develop regular and digital giving. We will continue to explore the feasibility of a solar farm to power the Hospice and any future buildings to reduce costs and provide a sustainable source of income. We will develop plans for a new build which provides a viable source of income and begin to apply for trust funding to cover the capital costs of a new build. We will explore options to set up a managed investment portfolio. We will focus on return on investment when fundraising and be in a position to act quickly in relation to new fundraising and retail opportunities.

Future Planning Priority 5: Consult and innovate so our services respond quickly to the changing needs of our community

We will work with partners in HMR to collect and analyse patient data, learning from others where possible. We will work with and learn from our colleagues across Greater Manchester and nationally to provide the best care and support services possible. We will launch our two-year pilot 'caring for people with dementia at the end of life' and ensure our staff are trained to deliver the best possible palliative care to people with dementia. We will launch a two year 'quality, development and innovation' pilot project to ensure all staff are supported to develop new ideas and their own skills. We will continually train and develop all our staff and learn from those undertaking our 'Passport' and other training courses. We will continue to recruit and support a range of volunteers.

Future Planning Priority 6: Become more environmentally friendly and play our part in reducing our carbon emissions

We will work with staff as part of the Environment Group to continually develop and trial new ideas. We will work closely with Rochdale Council and Trust Renewables to secure land, source funding and conduct a feasibility study for a solar farm. We will launch a cycle to work scheme for staff. We will recycle as much as possible from all our sites. We will promote our charity shops and online sales of second hand goods. We will continue to produce our own produce.

PART 3: REVIEW OF QUALITY PERFORMANCE

STATEMENTS OF ASSURANCE

The following are a series of statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers.

REVIEW OF SERVICES

During 2021/22, Springhill Hospice provided the following services to palliative care patients and their carers and families:

- In-Patient services
- Day Therapy services
- Out-Patient services
- Psychological & Supportive Care services including Counselling service and Bereavement service
- Community Specialist Palliative Care Medical and Nursing services
- Community Physiotherapy, Counselling and Spiritual Care services
- Hospice at Home service
- Night sitting service
- Bereavement service
- 24-hour Advice Line service

Springhill Hospice has reviewed all the data available on the quality of care in all of these services.

Springhill Hospice Specialist Palliative Care and End of Life integrated Community Service receives 100% funding from Heywood, Middleton and Rochdale Clinical Commissioning Group. The service is currently subject to a Standard NHS Contract for 3 years to March 2025.

For other Hospice services, the income generated by a variety of contracts and agreements with the NHS represents 24.7% of the total income generated to enable the provision of these services by Springhill Hospice. The remaining funds were generated through fundraising and the Hospice's own subsidiary companies working with the local community.

OUR ACTIVITY IN NUMBERS

In-Patient Unit (12 Beds)	01/04/2021 - 31/03/2022	01/04/2020 - 31/03/2021
No of admissions	241	220
No of discharges	102	114
No of deaths at the Hospice	136	108

Reduced from 16 beds to 12 due to Covid and ensuring a safe environment for patients.

Day Therapies	01/04/2021 - 31/03/2022	01/04/2020 - 31/03/2022
No of telephone contacts	105	246
No of virtual (video) contacts	383	418
Wellbeing sessions (f-2-f)	124	-

No Day Therapies face to face attendance during Covid. Virtual support delivered.

Hospice at Home	01/04/2021 - 31/03/2022	01/04/2020 - 31/03/2022
No of patients/ families referred	290	294
No of H@H visits	2110	1968

Specialist Community Service	01/04/2021 - 31/03/2022	01/04/2020 - 31/03/2021
No of patients referred	629	594
Doctor visits	254	244
Specialist Nurse visits	2549	2687
SPC Assistant Practitioner visits	389	399
Physiotherapy & Rehabilitation visits	656	627
Counsellor visits	28	14
Current caseload / 'on hold'	250/ 79	251/ 102

Night Sitting Service	01/04/2021 - 31/03/2022	01/04/2020 - 31/03/2022
No of referrals	20	43
No of Hospice night sits	395	483

24-Hour SPC Advice Line	01/04/2021 - 31/03/2022	01/04/2020 - 31/03/2022
No of calls received	57	158

PSYCHOLOGICAL SERVICES

Bereavement Service	01/04/2021 - 31/03/2022	01/04/2020 - 31/03/2021
No of referrals to Bereavement Services		131
No of Bereavement telephone consultations	799	724
No of Bereavement face to face consultations	202	
No of of Bereavement video consultations	101	102
Counselling Service	01/04/2021 - 31/03/2022	01/04/2020 - 31/03/2021
No of referrals to Counselling Services		54
No of patient telephone/video consultations	259	326
No of patient face to face consultations	23	
No of family telephone/video consultations	73	101
No of family face to face consultations	7	



SERVICE DEVELOPMENTS

Nursing Associate role on the ward

As many other Hospices, we have struggled to recruit and retain sufficient numbers of registered nurses on the ward. Over recent years, we have considered how we maintain a safe staffing structure and skill mix. To that end, we took the opportunity to incorporate a new role and introduced the Nursing Associate. The ward has always offered development opportunities and a member of staff embraced this and undertook a 2-year intensive training course, gaining experience in other healthcare settings in addition to the Hospice. Whilst Covid affected the delivery of the training, as many things, it didn't prevent her successfully gaining this qualification and is registered with the Nursing and Midwifery Council (NMC).

The role differs from that of a registered nurse as whilst they work independently this is under the direct and indirect supervision of the Registered Nurse. They are able to provide and monitor patients care needs, but require a registered nurse to assess, plan and evaluate these.

This has added a new tier within our staff skill mix and to support her further specialist development and to ensure she has the skills required in a specialist palliative care setting, we have created competencies for our assurance that she is equipped to fulfil the role effectively and safely within the parameters of the NMC.

Another nursing assistant is currently in training and will further enhance the staff structure once qualified.



 **Springhill Hospice**
Rochdale

NIKITA BIRCHALL
NURSING ASSOCIATE

Introduction of electronic prescribing / administration system – Ashtons e-works

The Hospice made the bold move of introducing an electronic system which was a significant change to practice. Doctors, nurse prescribers and nursing staff were used to paper drug charts. The year before, we implemented using Ashton's pharmacy service and we were impressed by what the system could offer.

Benefits:

- It allows medical staff and nurse prescribers to remote prescribe which prevents nurses making errors when taking verbal orders over the phone as was previous practice.
- Decision alert software to warn of drug interactions, high doses and contraindications
- Prompts for nurses to administer medication, reducing 'missed doses'
- Our pharmacist and other appropriate colleagues at Ashtons can access the system and monitor our usage and offer guidance where necessary.
- Starting to create TTO requests electronically from prescribed medicines list which reduces transcriptions and makes a more effect process requesting medication for patients to take home on discharge.
- Ashtons conduct their own audits and provide reports which we review and present to sub groups. This adds another dimension of safe monitoring of prescribing and administration in addition to our existing measures.
- Established provider to other Hospices and able to fulfil Care Quality Commission compliance.

Staff have adapted to a very different method of prescribing and administering medication and whilst it hasn't been without issues we have overcome these with communication and maintained pre-existing safe practices preventing impact to patient care.



Springhill Hospice
Dr. CHARLOTTE BARBER
SENIOR HOSPICE DOCTOR

New model for Day Therapies

Staff had a vision to develop the Day Therapies model into a more therapeutic model. It was typically older patients who attended and were often referred later in their diagnosis. The aim was to empower individuals to live with a life limiting condition and we believed that by offering a selection of new therapeutic sessions, we could capture more people in the community at an earlier time when they were more able to gain more benefit.

The model is tailored to individual needs and those closest to them to manage the impact of their illness. The emphasis is still a holistic one, promoting physical, emotional, social and spiritual wellbeing to help individuals to:

- make choices about current and future care
- help manage symptoms
- develop coping strategies and to obtain skills, knowledge, and confidence
- remain as independent as possible
- live as full a life as possible and to help make every moment count

The team worked very hard to create a new timetable introducing some new ideas whilst retaining some aspects, which were more familiar and still beneficial. Some of these have been delayed due to restrictions placed upon the team due to Covid but we look forward to the future.

The team offer access to valuable groups and therapeutic activities: Relaxing techniques, uplifting and social activities; quizzes and creative therapy. Some sessions were adapted and staff delivered a virtual programme until able to resume face to face sessions. This allowed the staff to try out new ideas and obtain valuable feedback of how to develop the model. So far, the team provide supportive self-management groups and wellbeing sessions.

Soon they hope to introduce a carers support group; drop in sessions to explain to patients what may be of benefit to them and a dementia group with the support of our Dementia Specialist Nurse.



Springhill Hospice Bereavement Service

The Counselling Team strive to continually improve and develop varied ways of supporting the bereaved. In January 2021, they launched a new stepped level of interventions model. All new bereavement referrals are contacted within 24-48 hours to book.

Step 1: Full telephone assessment within 1-2 weeks, where they agree which support might be suitable.

Step 2: The counsellors provide information on the nature of grief, in addition to a Written Guide, they have created four informational videos looking at different ways of thinking about grief, both available on our website.

Step 3: They provide bereavement support. Our Cruse trained counsellor has recruited and trained a team of bereavement volunteers to support us in delivering our new 1:1 telephone support, and to co-facilitate our various groups. They initiated a 5-week structured 'virtual' bereavement support group, led by a counsellor and volunteer and in July, we started a 'walk and talk' group in conjunction with Ramblers for Health, Rochdale.

Our trained volunteers will also co-facilitate our Ecotherapy groups, our weekly and monthly support groups and facilitate our community social groups for the bereaved. The team continue to offer short and longer term counselling (Step 4 and 5) via telephone, video or face to face sessions. With the support of our volunteers, we are now able to support more people in the borough.

The team are committed to the National Standards for Bereavement Care Services and have created a new clinical supervision group for both our 1:1 telephone support and therapeutic group volunteers. They will have monthly supervision led by our counsellor with a PG Certificate in Clinical Supervision and quarterly meetings and training sessions.



RESEARCH

Springhill Hospice has not participated in any research studies in 2021/22

PARTICIPATION IN CLINICAL AUDITS

Springhill Hospice has not participated in any national or regional Clinical Audits in 2021/22.

During 2021/22 there were no national clinical audits or national confidential enquiries covering NHS services relating to palliative care. Springhill Hospice only provides palliative care services.

During 2021/22 Springhill Hospice undertook an internal programme of audits across the organisation. Audit tools are developed to measure compliance with Hospice policy and Standard Operational Procedures, which in turn reflect our commitment to ensure compliance with the Care Quality Commission Fundamental Standards.

Clinical Audit

Audit	Compliance	Findings	Learning & Action
Clinical documentation (community)	81%	One entry in red ink. 2 documents not dated or timed. 3 sets of notes had not signatory forms.	Results from audit discussed with staff involved.
Falls	100%	Current practice maintaining patient safety.	
Management of medicines (Disposal)	100%	All standards met.	
Management of medicines (Administration – IPU)	100%	All standards met.	

Management of medicines (Nurse prescribing)	96%	Induction period stipulated in policy not always followed.	From audit findings re period of induction from qualification – too specific in policy. Amended to address variables in individual requirements.
DNACPR (IPU)	100%	All standards met.	Tool used from Acute Trust. Not very clear. Tool amended to conform with other templates
Clinical documentation (IPU)	85%	In some notes, not all care plans were dated or timed. Dependency scores not regularly recorded.	Results from audit fed back to staff.
Infection Prevention and Control	80%	Cleaning schedules not kept up to date. Some patient areas not cleaned to an acceptable standard.	Results discussed at ward staff meeting and reported to manager of domestic service.
Management of medicines (Ordering and Receipt of medication)	66%	Not all drug items received had been signed for. 3 of 10 CD medication received had not been signed for in drug order book. Liquid CD medication not measured when new stock received.	Reported back to staff members. Formation of Medicines Management group Process for receipt of medication to be reviewed
Counselling documentation	92%	One entry had been signed and dated by the Counsellor but no time recorded. 4 documents did not have patient ID label in place (although name and record number had been documented).	No immediate action needed. To consider use of iCare electronic patient record system.

HR

Audit	Compliance	Findings	Learning & Action
Absence from work	95%	Special leave form missing for one period of absence.	Managers reminded the process to follow when approving special leave for staff members.
Professional registration	100%	All standards met.	Discussed with staff member concerned at time of audit.
Volunteer recruitment	100%	All standards met.	
Education training & development	84%	Application to attend study not always completed or approved by line manager. Repayment of course fees form not always completed.	Managers reminded of process to follow when staff apply to undertake study leave.

Risk Management

Audit	Compliance	Findings	Learning & Action
Care of valuables	88%	Property envelope in safe not signed. Process for the disposal of items not followed.	All staff involved reminded of process to follow.
Fire safety	85%	Not all personnel files had completed induction checklist which includes fire safety. Fire safety sign in visitors room not clear.	Forms completed. Sign replaced.
Maintenance of medical and clinical equipment	100%	All standards met.	
Management of clinical waste	95%	Compound locked but containers in compound not locked.	Unable to lock containers as are full due to increased waste (PPE etc). new container ordered. Monitored by Head Steward
Drug error management	33%	Documentation does not reflect actions taken upon discovery of a Drug error. Evidence of discussion with patient/family/doctor not evident in medical notes, nursing notes and/or incident form	All staff reminded of procedure to follow. To be re-audited in 6 months' time.
Donated stock	100%	All standards met.	

DATA QUALITY

Springhill Hospice has processes in place to ensure that information is managed appropriately with regard to confidentiality and privacy of individuals, in line with statutory requirements including, but not limited to, the Data Protection Act 1998 and General Data Protection Regulation (GDPR) 2018.

The Hospice ensures that records are retained for the required statutory periods, including health records, employment records and financial records.

Springhill Hospice uses the iCare patient information system. This records medical, demographic and statistical information which is shared between professionals involved in the patient's care and used to evaluate services. All clinical staff have access to, and contribute to, the system. iCare is also used to collate patient data in terms of reports for our Commissioners and other relevant bodies.

The Hospice completes the annual the NHS Data Security and Protection Toolkit self-assessment to provide assurance that we are practicing good data security and that personal information is handled correctly. For the 2020/21 submission the Hospice met all the mandatory requirements.

All staff undertake training in Information Management & Confidentiality and GDPR. There are robust policies and procedures in place for Information Governance and Information Management and Security for staff to outline their responsibilities and action to take in the case if a data breach. The Hospice developed a "Data Breach Register" where any incidents are reviewed monthly at the Risk Management sub group.

Springhill Hospice is not required to and did not submit records during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. Springhill Hospice was not subject to Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

Compliance with Statutory Requirements:

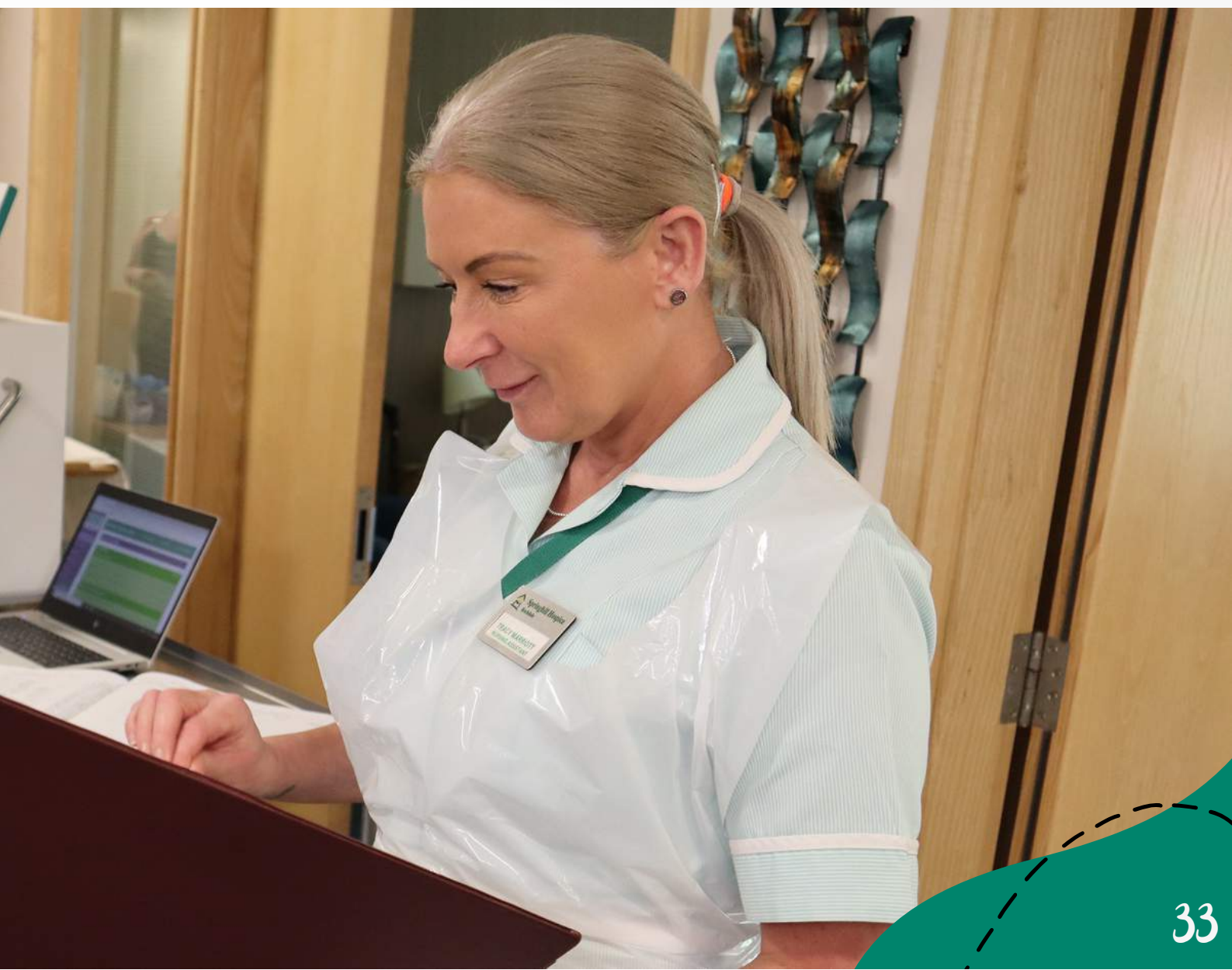
- Care Quality Commission
- Data Protection Act 1998
- General Data Protection Regulation (GDPR) 2018
- Records Management Code of Practice for Health and Social Care 2016
- The Public Records Act 1958
- Access to Health Records Act 1990 (with regard to information held about patients who are deceased)
- Caldicott Committee Report (December 1997)
- The Hospice undertakes annual audits of documentation and information management and security to ensure data integrity.

LEARNING FROM CLINICAL INCIDENTS

Springhill Hospice encourages an open approach to reporting all incidents, both clinical and non-clinical. All incidents are reported, investigated and managed immediately and incident reports subsequently collated and reported through the Hospice Risk Management sub-committee and Governance Committee. All incidents are categorised according to the incident area and level of risk. Where the incident involves a patient fall, this will then be subject to a risk assessment and appropriate action taken. Any significant injury will be reported appropriately to the Care Quality Commission as a statutory notification and reported to the Health and Safety Executive (RIDDOR) as appropriate. All incidents relating to controlled drugs will be reported by the Hospice Accountable officer for Controlled Drugs (AO) to the Accountable Officer of the CCG via the Local Intelligence Network.

Reported incidents are often the catalyst for change, both in clinical practice and in policy.

The following incidents were reported in 2018/19. (See next page.)



Clinical incidents		2021/22	2018/19 Last report
A1	Directly affects patient either by action or omission	16	18
A2	Potential to affect patient	27	39
A3	No potential to affect patient	6	1
Falls & injuries			
B1	Significant injury - patient	1	2
B2	Minor injury	30	42
B3	No injury sustained	19	33
Other incidents			
C1	Direct affect to individual/organisation i.e. theft, damage	7	19
C2	Potential to affect individual/organisation	16	49
C3	No potential risk identified	1	1
Drug incidents			
D1	Directly affects patient either by action or omission	8	11
D2	Potentially to affect patient	46	39
D3	No potential risk to patient but deviation from policy	47	23
Pressure ulcers			
P1	Hospice acquired pressure under ulcer	1	2
P2	Community/hospital acquired pressure ulcer identified on admission	5	5
Total number of reported incidents		241	280

Members of the Risk Management Sub Committee meet monthly and perform trend analysis when reviewing previous incidents.

Due to Covid-19, the ward had a lower occupancy rate which may contribute to the reduced number of incidents. Overall, there has been a reduction in the number of incidents since the last report. However, these figures demonstrate an increase of drug errors. As mentioned in the service developments, we introduced a new electronic prescribing and administration system, Ashtons e-works. One of its main benefits was a reduction in incidents. This was a significant change in practice for many of the Nursing Team and as with any new system takes time to become familiar with its application. Initial training was provided to all of the ward prescribers and nurses who would administer medications. On the launch day, Ashtons staff were here for the first day and supported us with uploading of all the necessary information. We continued to support staff for the first few days including night staff so that they had reassurance that they were using it correctly. This support has continued from Ashtons and in-house and when we have identified issues, these are reported to the appropriate person to resolve. Ongoing use has identified smaller issues and through discussion with Ashtons it has highlighted either system issues or how users have not used it correctly. This resulted in discussion with and explanation to individuals or the team about how it should be used and if this had been the case, some would have avoided an incident. Despite these incidents, this didn't cause any detriment to the patients.

A summary of the incidents which occur on the ward are shared as a poster with the team to show them the trends, highlight good practice noted during investigation or indicate changes to practice or policy.

Reported incidents are often the catalyst for change, both in clinical practice and in policy.

Evidence of this can be seen in the following example:

1) A few drug errors / omissions have occurred since the introduction of the Ashtons pharmacy e-works noted in the Service development section. On investigation, we have identified that this has been due to the way that the doctors are able to prescribe with time windows and the prescription didn't coincide with our drug rounds so wasn't clearly seen by nursing staff. This had been raised with Ashtons on several occasions and eventually they changed the settings so that the times now coincide with our drug rounds.

2) Controlled drug checks were not always completed overnight. They reported this was due to patient's dependency and falls. This was completed by staff during the day shift. This was discussed with the Ward Sisters and we began a trial of dividing the required checks between day and nights staff so less were required by the night staff when often one registered nurse and fewer staff in total manage patient's needs. This has resulted in less checks not been completed within the required 24 hours as per policy.

COMPLAINTS, CONCERNS, COMMENTS AND SUGGESTIONS

Springhill Hospice encourages feedback in a variety of ways from patients, families, staff, volunteers and visitors.

Comments / suggestions boxes are available in the Reception area, In-Patient Unit and Day Therapies.

Comments and suggestions are reported through the Operational Management Team meetings.

Feedback from patients and families is also encouraged through a variety of feedback cards, satisfaction surveys and questionnaires, reported through the Clinical Standards sub group and Governance Committee.

We welcome suggestions to improve the service and care that we provide. There are times when the service is not as our patients or families expect and any complaints received are taken extremely seriously. Complaints are thoroughly investigated and a response to the complainant made in writing, in person or over the telephone depending on their preferences. Springhill Hospice has a clear policy to ensure complaints are managed in a timely manner and this is monitored through biennial audit. Managing complaints received is seen as an opportunity to consider and review the quality of services we provide and can often be a catalyst for change.

The Hospice received 5 complaints in 2021/22.

4 complaints relating to the delivery of clinical service

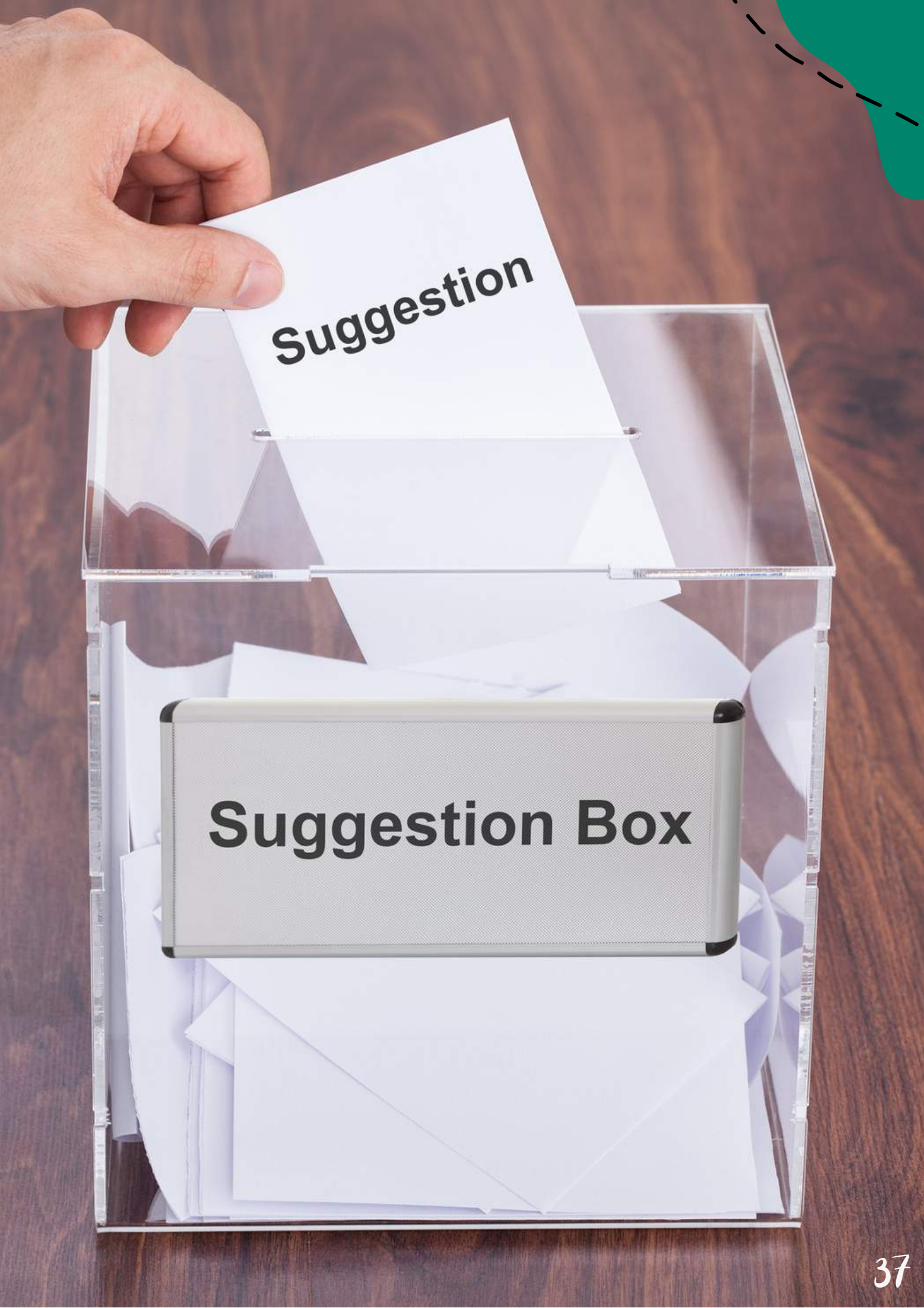
The theme of these incidents related to communication and misinterpretation of information. However, the issues raised in the complaints have created an opportunity for staff to reflect on their approach and to understand the importance of clear and effective communication.

1 non-clinical complaint

This complaint was primarily related to how one member of staff felt she was being treated by a colleague.

3 complaints resolved within the required timeframe (2 weeks).

2 complaints were unable to be resolved within the Hospice's agreed timeframe as, in both cases, the complainant had complained via the CCG and the Hospice was requested to respond within the CCG timeframe.



Suggestion

Suggestion Box

STAFF TRAINING

Springhill Hospice is committed to the ongoing education and development of staff in order to ensure services are delivered in a safe, effective manner to the highest possible standard.

Training and education, including mandatory training is delivered in a way that is meaningful and best suited to the learning needs of the individual staff member.

Mandatory Training

We have continued to deliver our mandatory training using an online training package, over a 2-year rolling programme. Each year staff have to complete a number of modules to refresh their knowledge. For the period of January - December 2021, there has been an excellent attainment level.

874 modules allocated	830 modules (95%) were completed by the deadline 31.12.21
156 staff	151 staff (97%) completed modules by the deadline 31.12.21

The Mandatory training programme has been revisited and now contains additional modules for specific staff groups. From 2022 mandatory training will be delivered over a 3-year rolling programme, will primarily be made up on online training sessions but with additional face to face training, as appropriate

Continuing professional development and further training

Springhill Hospice strives to provide the highest standard of training and enables Hospice staff to develop their knowledge and skills to perform their role more effectively. We have a wealth of experience within the team who provide teaching and learning opportunities on a range of subjects. These include Breathlessness, Nausea & Vomiting, Agitation, Fatigue management, Metastatic Spinal Cord Compression, Drug Calculations and Palliative Care Emergencies. These support staff not only in the clinical environment but also to manage calls to the advice line which supports patients, carers or other healthcare professionals 24/7.

A number of staff have undertaken additional training and gained recognised qualifications. A nursing assistant completed 2 years of intensive training to become a Nursing Associate. This qualification allows her to work under the supervision of a Registered Nurse, however, she is able to perform more patient related tasks than in her previous role. We have developed additional competencies to be assured that she has the required specialist palliative care knowledge and skills to perform the role effectively. Another staff member has commenced her Nursing Associate training, which will further enhance the clinical team on the ward.

Two Community Specialist Palliative Care Nurses (SPCN) have successfully attained their Non-medical prescribing qualification and following a successful in-house development process this now enables them to prescribe medications in a patient's home during their visits where previously they would have had to request a GP to do this. This allows more responsive management of patient's symptoms as they can obtain medication sooner and prevents unnecessary duplication of professional visits. Another community SPCN is currently doing her training. We recognise that they are less familiar or confident and have the reassurance and support of speaking to our medical team for advice to ensure the optimum management plan for the patients.

SAFEGUARDING

In accordance with the requirements of the NHS Standard Contract, Springhill Hospice submitted the Safeguarding self-assessment to HMR CCG Safeguarding Team, demonstrating compliance across all areas in September 2021.

In addition, in March 2022, we submitted the Section 11 Safeguarding self-assessment toolkit to Rochdale Borough Safeguarding Adults Board (RBSAB), demonstrating compliance across all areas and subsequently attended RBSAB Challenge Panel in April 2022.

All Hospice staff have received training in respect of Safeguarding Vulnerable Adults, Mental Capacity and Deprivation of Liberty Safeguarding. All Trustees are in the process of completing the Safeguarding Adults level 2 online training module.

In 2019, as part of the self-assessment review discussion, the Safeguarding panel identified that in line with Adult Safeguarding: Roles and Competencies for Health Care Staff (August 2018) staff need face to face training every 3 years. We have been unable to meet this requirement due to restrictions relating the Covid-19 Pandemic and therefore continued with online training. Post-pandemic, in 2022, face to face Safeguarding training for all our clinical qualified staff is included in our mandatory training programme.

GOALS AGREED WITH COMMISSIONS

Under the terms of the NHS Standard Contract, Springhill Hospice income in from the NHS is conditional on achieving identified Key Performance Indicators (KPIs) relating to activity and quality standards agreed with Commissioners and is also conditional on evidence of achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

This year the Commissioners have agreed specific KPI's and the Hospice continues to submit quarterly reports on quality and activity data.

WHAT OTHERS SAY ABOUT SPRINGHILL HOSPICE

Statements from the CQC

Springhill Hospice is required to register with the Care Quality Commission and its current registration status is unconditional. The Care Quality Commission has not taken enforcement action against Springhill Hospice during 2021/2022.

Springhill Hospice has not participated in any special reviews or investigations by the CQC during the reporting period.

Due to Covid-19, the way that the CQC has inspected organisations had to change to respect Covid restrictions. Springhill Hospice has not been inspected since 2016 and our overall rating has remained unchanged. However, we have engaged with our CQC inspectors when required and provided specified evidence by way of transitional regulatory approach monitoring in February 2021 and a Question Set in November 2021. Both of these subsequently involved a virtual engagement meeting our Registered Manager/Director of Clinical Services and our Chief Executive with our CQC inspector, to discuss the content of the self-assessments and provide assurance of a safe, effective, caring, responsive and well led organisation. This doesn't change our overall rating. The CQC are changing the way that they regulate organisations to prioritise areas where there is evidence that people are at risk of harm.

Therefore, our last routine inspection by the Care Quality Commission was in June 2016 with a formal report on 22 December 2016 and is available on Springhill Hospice and CQC websites. From this inspection the Care Quality Commission issued Springhill Hospice with the following overall rating for the services provided:

Overall Good Read overall summary	Safe	Requires improvement ●
	Effective	Outstanding ☆
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-led	Good ●

Is the service safe?

All areas of the Hospice were secure, well maintained and accessible for people with limited mobility. In addition, good infection control procedures were in place, making it a safe environment for people to live and work in.

Sufficient, suitably, qualified and competent staff that had been safely recruited were available at all times to meet people's needs. Suitable arrangements were in place to help safeguard people from abuse.

Medicines were not always given as prescribed, appropriate systems were not in place for the management of medicines requiring refrigeration and relevant information to enable staff to administer 'when required' medicine safely was not in place.

Is the service effective?

Staff were passionate about the need to spread awareness and knowledge of end of life care by introducing an innovative and creative programme of training for staff caring for people in care homes. The education provided by the Hospice also extended to other professionals in the community caring for people with a life-limiting illness; helping to ensure the best possible care for people and for their families.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People were involved in making decisions about all aspects of their treatment and care.

People were provided with a choice of suitable nutritious food and drink to ensure their health care needs were met. People were supported to eat and drink and maintain a balanced diet.

Is the service caring?

People told us they received the care they needed when they needed it and that staff were knowledgeable and committed. People spoke highly of the kindness and caring attitude of the staff. People were cared for with the utmost compassion, kindness, dignity and respect.

People were supported at the end of their life to have a comfortable, dignified and pain free death. The nursing and medical staff showed they were highly skilled in pain and symptom control and provided outstanding end of life care.

Is the service responsive?

The care records showed people were involved in the assessment of their needs. A person's preferred place of care at all stages of their illness and the arrangements in the event of their death was documented.

Staff were skilled in recognising when a person was in the last days of life and were able to provide the appropriate care.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

Is the service well-led?

The service had a manager in post who was registered with the CQC.

Clear lines of accountability and effective methods of communication were in place to ensure people received the best possible service. Systems were in place to monitor the quality of the service provided to help ensure that people received safe, effective care and support.

Accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

Action taken from Inspection:

1) A process has been put in place to ensure that, where the clinical refrigerator exceeds the maximum temperature (8°C) this will be reported promptly and appropriate action taken.

Update for 2021/22 - There have been a few incidences where the fridge temperature exceeded the maximum temperature albeit only for a few minutes but staff are responsive to the issue and report the incident. The Nursing team continue to monitor and record daily temperatures. and the integral thermometer provides electronic records which are checked after an incident is reported. Any temperature which exceeds the normal range are reported to the Ward Sister and Clinical Services Manager / Director of Clinical services.

2) The 'as required' medication chart has been reviewed and amended to ensure sufficient information and instruction is available to staff administering medication.

Update for 2021/2022 - The 'as required' medication chart had been reviewed and amended but these are no longer in use as we started using an electronic prescribing and medicines administration (ePMA) system. In the event of an access failure, there is an offline back up facility which we have used once successfully. This system fulfils CQC compliance therefore all required information to ensure staff can administer 'when required' medicine safely is in place.

STATEMENTS FROM OTHERS WE WORK WITH

Some of the improvements we have made over the last 12 months to improve the care our patients receive by working jointly are:

- SPCN's attending the Integrated Neighbourhood Team (INT) The SPCN's are now attending our huddles to feedback/discuss any patients that are on the caseload. Each INT has been assigned a SPCN. It is hoped that the SPCN will join a huddle every couple of weeks.
- Palliative passport - Our staff access this training to become knowledgeable and competent in delivering high standard EOL care.
- Verification of Death - Our staff have developed this competency to enable us to visit the family/patient in a timelier manner, they have been supported by the Hospice in gaining this competency.
- Links with Training Lead - We have had a fantastic working relationship with the Training Lead who has also attended teams to do a de-briefing session when our nurses have had a particularly difficult time with particular patients who have been on the EOL pathway.
- Conference Call at 5pm - EOL patient's – this has been running for some time and has improved communication regarding updates on our EOL patient's.
- Patient care/Benefits to patients – Our working relationships have grown and continue to grow as we work together in many different areas, which in turn improves our patient care and the benefits to our patients and their families.
- Patient questionnaire – responsiveness to this. An area of concern was raised from the questionnaire that is sent out by the Hospice – this enabled us to pick up and learn lessons from the issues raised which .
- Issues – How we have overcome these. Rather than report incidents that occur immediately without any communication, we have put in place that we have a conversation initially to discuss the incident and solve the problem and then decide if an incident requires reporting formally again this has improved communication and working relationships.
- Open & Honest conversations – Not to apportion blame to each other but to work through the problem and decide together how it can be solved.
- MDT approach – To continue to work together, sharing practice and learning from each other.

Jo Matthew

**Health & Social Care Neighbourhood Lead
Division of Integrated and Community Services
The Pennine Acute Hospitals NHS Trust**



Springhill Hospice and Ashtons Hospital Pharmacy Services have had an excellent collaborative relationship since 2020. As their visiting pharmacist, I have developed a close relationship with the Hospice staff, especially with the Nurses and Clinical Service Manager. I help support the team with medicine management and provide clinical advice to support regulatory compliance as well as clinically review the prescription charts.

In 2021, Springhill Hospice took on Ashtons E-works (an electronic prescribing and administration system), this has allowed for remote access to prescriptions for the Hospice staff and I. Since the implementation of E-works, I genuinely feel the communication has improved and it is a lot more regular. There is constant communication over email and over LiveView dialogues, which is where staff respond to interventions I have picked up on during my checks. In addition to this, the number of administration and prescribing errors have reduced significantly. The relationship between Springhill hospice and I has been nothing but positive, productive and has benefited the inpatients greatly as well. The communication over email and LiveView as well as my weekly visits means patient care is always put first and medicine management is on the front line.

Sanah Ajmal

Pharmacist

Ashtons Hospital Pharmacy Services

Makin Memories has recently been set up within the Hospice, with the aim of helping patients with young children prepare for their death by organising memory boxes and other items to support the children after the death of their parent.

Whilst this initiative is still in its infancy, we have been involved in discussing the idea with the Nurses both on site on the ward and the Hospice at Home team. We have found the team fully engaged to the initiative and passionate about helping their patients. It is clear that the staff care deeply for their patients and go the extra mile to look after not them but their wider families whilst in the care of the Hospice.

Our experience so far has been nothing but positive. Communication between the key personnel within the Hospice has been great and with the help of the nursing staff we have been able to positively impact the experience of patients.

Kirsty Makin

Makin Memories



WHAT OUR PATIENTS AND FAMILIES SAY ABOUT SPRINGHILL HOSPICE

Springhill Hospice's feedback programme is designed to elicit information about the care and services received by patients and families from their individual perspective. A variety of feedback cards have been developed to capture the experience of patients and their relatives and friends, across the Inpatient unit, Day Therapies unit and community service settings. The cards, based on the concept of the 'family and friends test' have been designed to be easy to complete and to capture, from the perspective of the patient or family member ... "What did we do well?" and "What could we do better?"

Our patients and their families

Excellent professional care with compassion and dignity.
Made my father's final moments peaceful and pain free.

Hospice at home patient's daughter

As a wife, you made me feel part of the team and didn't shut me out.
Thank you it meant a lot.

Hospice at home patient's wife

All actions were completed with care and respect, maintaining patient's dignity at all time.
This enabled me as the main carer to step back and be a daughter again.

In-Patient's daughter

We would like to take this opportunity to pass on our profound gratitude for the care Mum received with you as an inpatient between January and March 2022, and before that from September 2020 by your home Palliative Care team. The level of care provided by the entire organisation was exemplary throughout. From the doctors, nurses, care staff, all the way through to the cleaners and volunteer staff on Reception, nothing was too much trouble. The gentleness and loving care that mum received was amazing. She was treated with respect throughout and hearing the staff come in and say "Hello Beautiful" to her was a joy to hear. We drank enough cups of tea to sink an Armada and were so grateful for the Family Suite that enabled us to be constantly by Mum's side in her last days. We will never forget the kindness and care shown to Mum, and to us, in her final weeks and days; nothing makes her passing easier but knowing that she was so well cared for gives us great comfort.

Daughter of a Ward and Community team patient

May I comment on my counsellor, Ruth Young. She has been kindness itself and helped me more than I could ever have wished for. I was full of very dark thoughts that I felt unable to clear for myself. Ruth listened, helped and I can never thank her enough for saving me, for myself and my family. I am shedding tears writing this because how can you thank someone for saving your life, but Ruth you did this for me, you deserve a medal. Thank you from us all.

Patient who received counselling

I Just wanted to give some feedback about the training (Springhill Palliative Care Education Passport). I really enjoyed the course, and although due to the current circumstances training had to be delivered online, it didn't in anyway negatively affect my learning experience. I found it to be equally emotive as it was informative and would highly recommend it to anyone working in /studying healthcare. The training encouraged participation, and the speakers were empathetic, knowledgeable and kind - which was incredibly reassuring given the subject matter. As a mental health nursing student, I am yet to support someone at the end of their life - but feel much better equipped to support someone (with guidance) thanks to the passport. Once again, I cannot recommend this course highly enough, it was a much-valued aspect of my placement. It was a pleasure to be involved in and to complete.

Mental Health Student Nurse - Sept 2019 Cohort



Whilst we value positive feedback, we also accept that we can learn from some patients/families experience who were not happy with our service or offer comments in order to improve others experience. Where possible, this is brought to the attention of individuals for them to consider and it is presented to our Clinical Standards group.

The week after my husband died. I waited for our dedicated nurse to keep her weekly appointment. She did not and did not telephone. I felt a little let down.

This was anonymous and shared with the specialist palliative care nurses so that they are aware of the impact if we do not do something.

The only thing I can think of is that I wish we could have been informed how close to death **** was. We could see he was deteriorating but we weren't told it was imminent. Luckily, we were all with him.

This was anonymous and shared with the Hospice at Home team so that they can offer this information if the family want to know.



STAFF AND VOLUNTEERS SURVEY

Springhill Hospice endeavours to provide a high standard of treatment and care to patients and families who access our services. We continually ask for feedback from patients and families, in a variety of ways, in respect of the provision of services to ensure consistently high standards and identification of areas where we could improve.

We are, in addition, mindful of the fact that services are only as good as the people who deliver them; our staff who have been carefully selected for their skills, knowledge and experience; and our volunteers who bring a wealth of knowledge, experience and commitment and who give of their time freely to support the work of the Hospice.

As an employer, Springhill Hospice recognises the importance of having a team of staff and volunteers who feel supported and valued. We strive to ensure our staff and volunteers receive the training, supervision, support and the resources they need in order for them to fulfil their roles.

We hope that staff and volunteers feel able to come to us if they experience any difficulties in the workplace or if they have any concerns, suggestions or comments to make about their roles and the services we provide. Our staff and volunteers, here at Springhill, are integral to the services we provide, and with this in mind we want to ensure they feel they have a voice.

In 2021, Springhill Hospice took part in the Birdsong Charity Consulting Hospice Staff survey

The embedded report sets out the results of the 2020 /21 Hospice Survey for Springhill Hospice.

The Hospice Survey's 2020 main collective-participation period took place from 28th September until 30th October 2020. The survey was run by Birdsong Charity Consulting, on behalf of Hospice UK.

Approximately 4,200 responses were received altogether, 2,800 from paid staff and 1,400 from volunteers. There were 22 participating hospices and their responses make up the All Hospices 2020 benchmark. (The list of hospices can be found in Appendix 1 of the survey.)

Springhill Hospice took the same survey in April 2021.

105 staff members from Springhill Hospice took the survey – equating to a 71% response rate. This report shows the overall results for Springhill Hospice and compares the responses with the All Hospices 2020 benchmark (using paid staff data only).



Hospice Survey
2020-21 - Springhill

**We intend to undertake the survey again in 2022
with our volunteer workforce**

[Click here to view our 2020-21 Hospice Survey](#)



SPRINGHILL
HOSPICE

Making every moment count



www.springhill.org.uk



Springhill Hospice



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